

Insert School Name or Logo Here



[DATE]

[ADDRESS, CITY, STATE, ZIP]

[PHONE NUMBER]

Dear Parent or Guardian,

[A/AN CHILD/EMPLOYEE] in your child's [SCHOOL/CLASSROOM] has been [DIAGNOSED WITH/EXPOSED TO] a virus called Cytomegalovirus (CMV). CMV is a virus that usually does not have symptoms and many people do not know they are infected.

Symptoms may include fever, sore throat, fatigue, and swollen glands. It may be shed in body fluids of an infected person. It may also be spread through sexual contact, blood transfusion, transplant organs, and mother to infant during pregnancy, birth, or in breast milk. An antiviral drug is available for those who have weak immune systems. Typically daycare workers, children in daycare centers, pregnant women, and people with weak immune systems are at risk for CMV. It is best prevented by frequent handwashing with soap and water especially after changing diapers.

Please look at the CMV Fact Sheet for more information. If you have any questions about CMV please call the Bay County Health Department at (989) 895-4003.

Thank you,

[NAME AND TITLE]